



Waterloo Minor Soccer Club
Injury Report Form

Player Name: _____ Phone Number: _____
Gender: M F D.O.B.: ___/___/___ Date: ___/___/___ Time: ___:___ am / pm
Event: Game Practice Location: _____ Team: _____
Team Official Present: Coach Manager Assistant Coach

TYPE OF ACTIVITY:

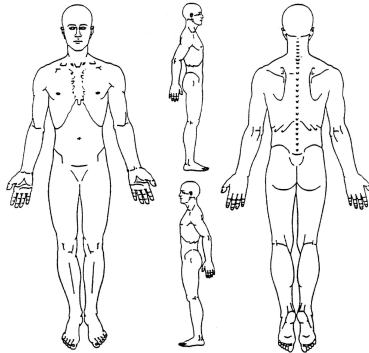
- Training
- Warm-up
- Competition
- Cool-down
- Other: _____

INJURY STATUS:

- New injury
- Aggravated injury
- Recurrent injury
- Illness
- Other: _____

BODY PARTS INJURED

Circle and Name



NATURE OF INJURY/ILLNESS

- Bruise/contusion
- Cardiac problem
- Cold/flu
- Concussion
- Dislocation/subluxation
- Fracture (including suspected)
- Loss of consciousness
- Overuse injury
- Respiratory problem
- Skin injury
- Sprain (i.e. ligament tear)
- Strain (i.e. muscle tear)
- Unspecified medical condition
- Other: _____

SUSPECTED CAUSE OF INJURY:

- Collision with fixed object
- Collision with another player
- Fall from height/awkward landing
- Jumping to shoot or defend
- Overexertion
- Overuse
- Slip/trip/fall/stumble
- Struck by ball/object
- Temperature related
- Other: _____

EXPLAIN HOW THE INCIDENT OCCURRED

IN YOUR OPINION, WERE THERE ANY CONTRIBUTING FACTORS TO THE INCIDENT? i.e. unsuitable footwear, playing surface, equipment, foul play.

WAS PROTECTIVE EQUIPMENT WORN ON THE INJURED BODY PART?

Yes No If yes, what? (mouthguard, etc.)

INITIAL ATTENDANCE

- None given
- CPR
- Dressing
- Immobilization
- RICER
- Splint/sling
- Strapping/taping
- Transport from field
- SCAT2
- Other: _____

ADVICE GIVEN

- Unable to return at present
- Referred for further assessment before returning to activity
- Immediate return to activity
- Return to play with restrictions

NOTICE

The injured person was advised that if the injury/illness does NOT improve in the following 24 hours they MUST seek further medical advice from their medical professional.

Yes No

Signature of Team Official:

X: _____

Date: ___/___/___

Signature of Witness (i.e. trainer, parent):

X: _____

Date: ___/___/___

Signature of Injured Person/Legal Guardian:

X: _____

Date: ___/___/___